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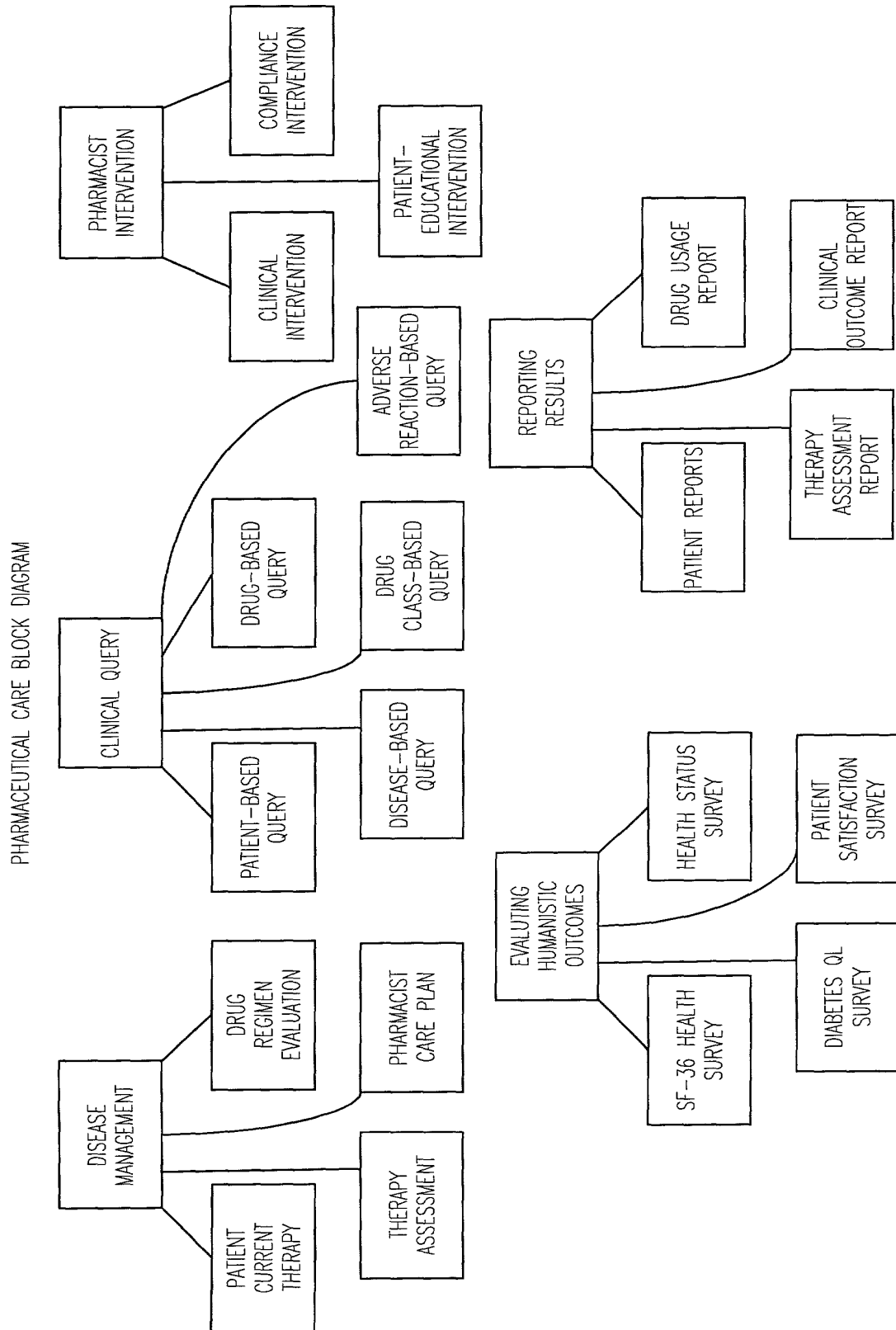


FIG. 1A

FIG. 1A

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PHARMACEUTICAL CARE BLOCK DIAGRAM

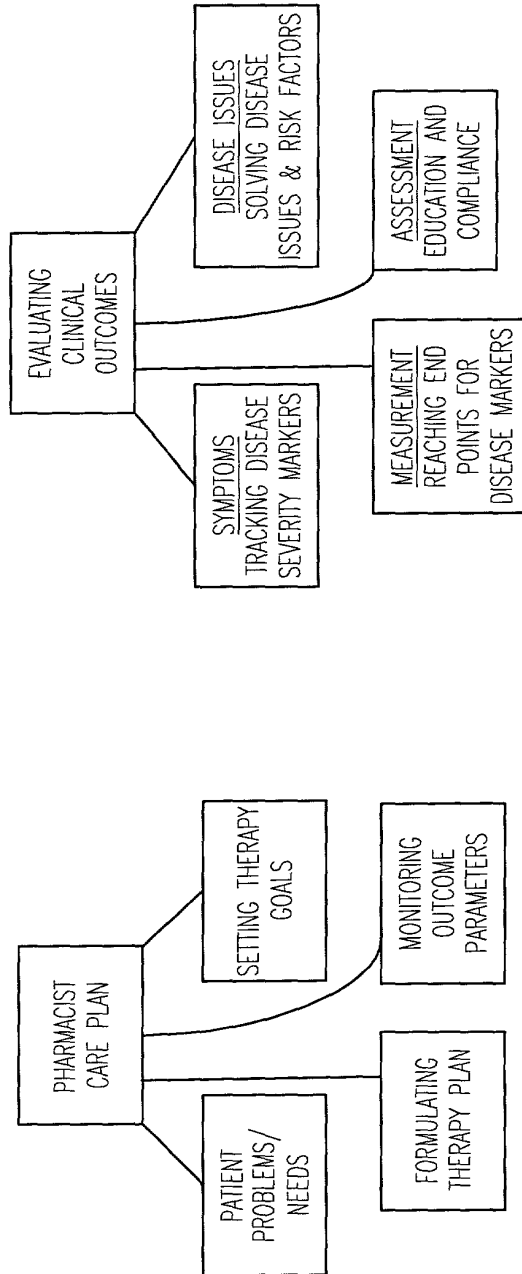


FIG. 1B

FIG. 1C

FIG. 1B

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PATIENT CURRENT THERAPY

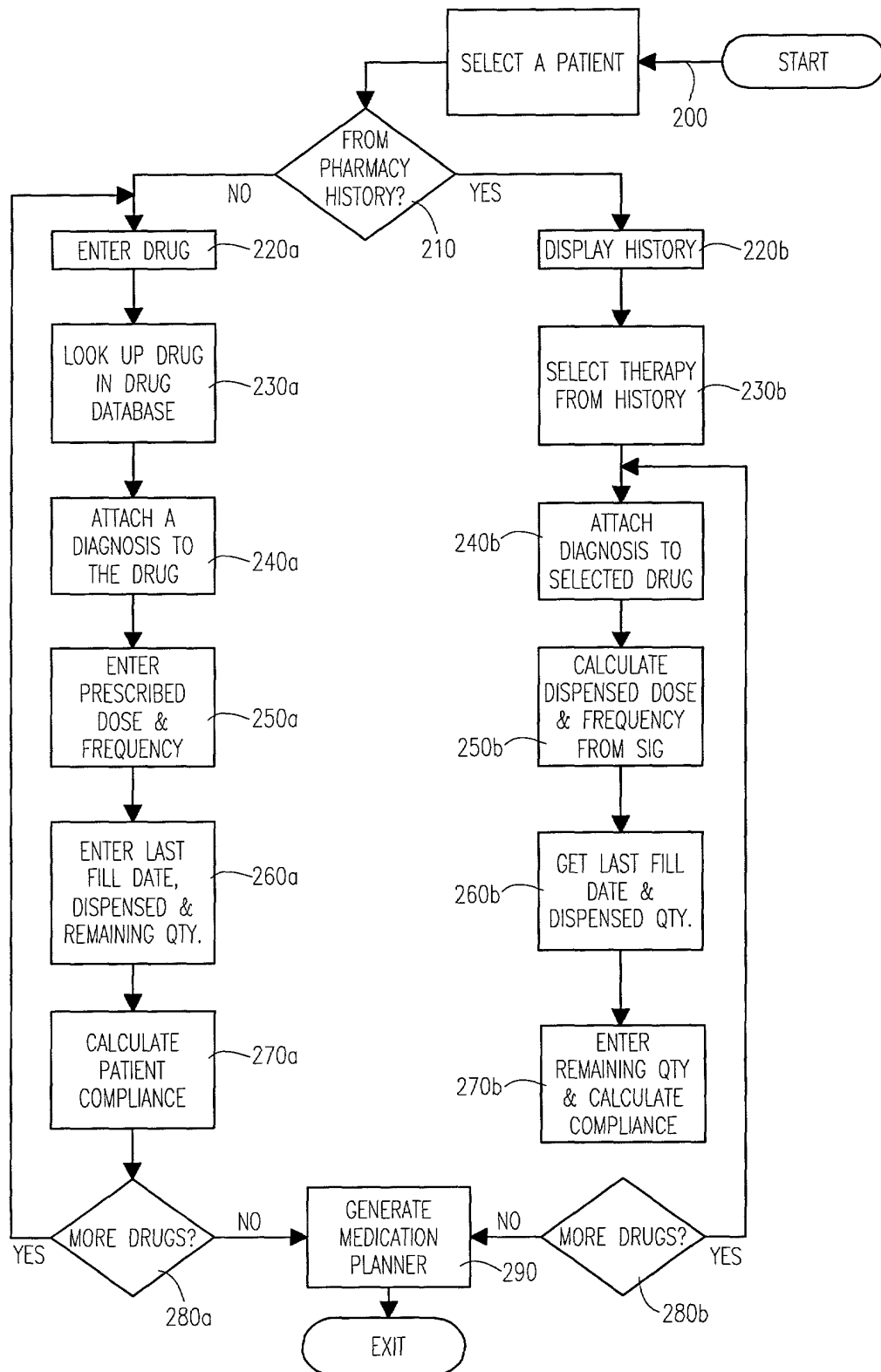


FIG. 2

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DRUG USE EVALUATION

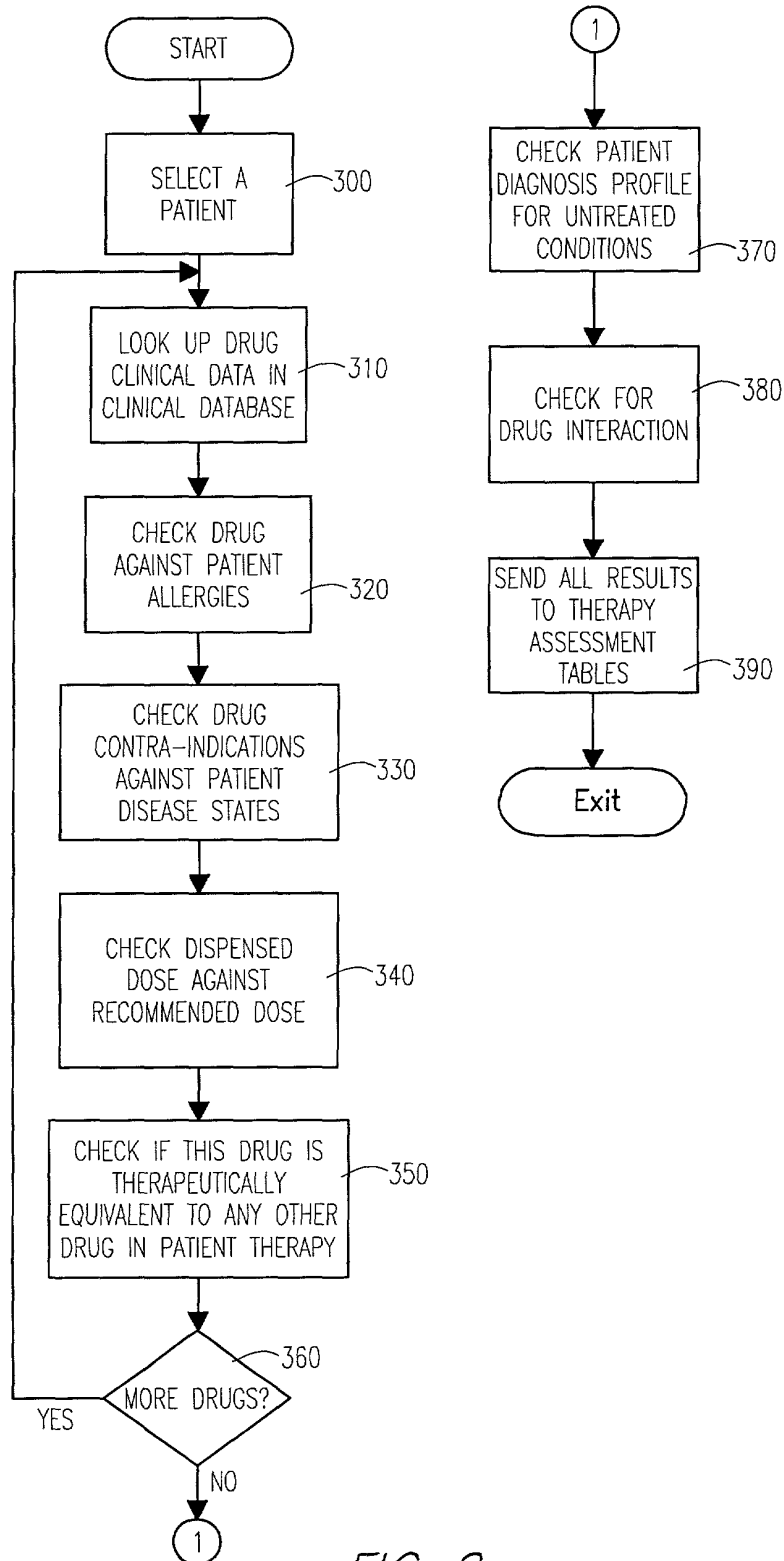


FIG. 3

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PHARMACIST CARE PLAN

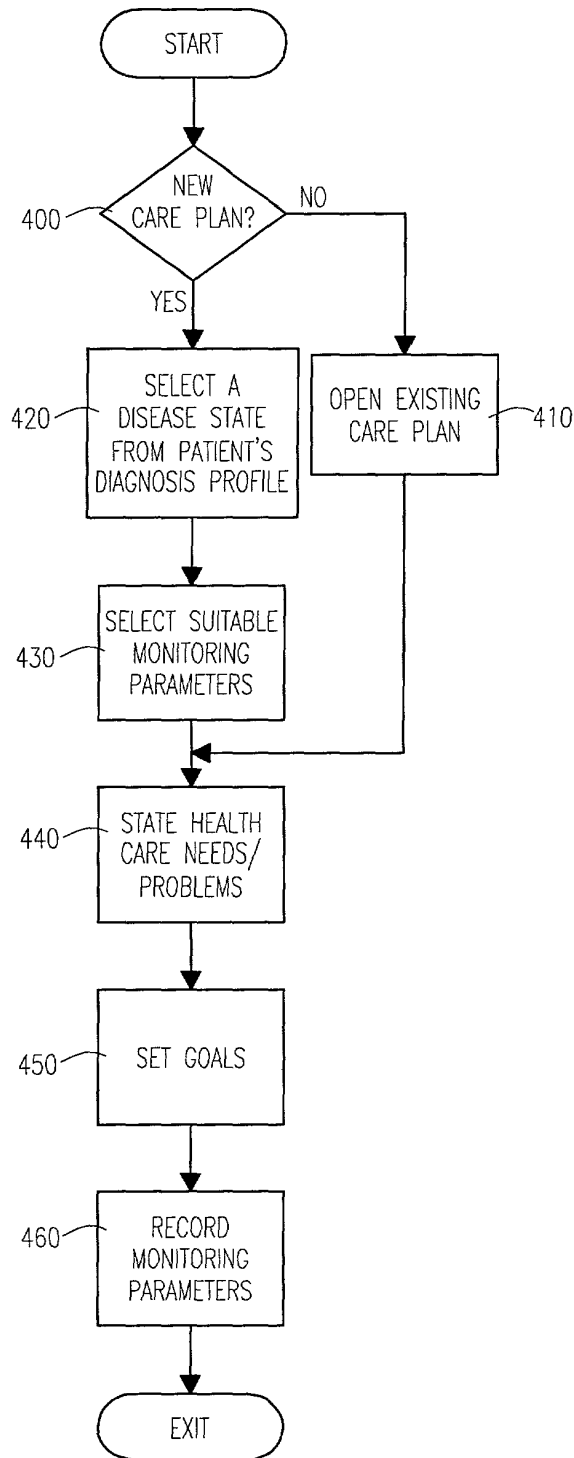


FIG. 4

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PATIENT-BASED QUERY

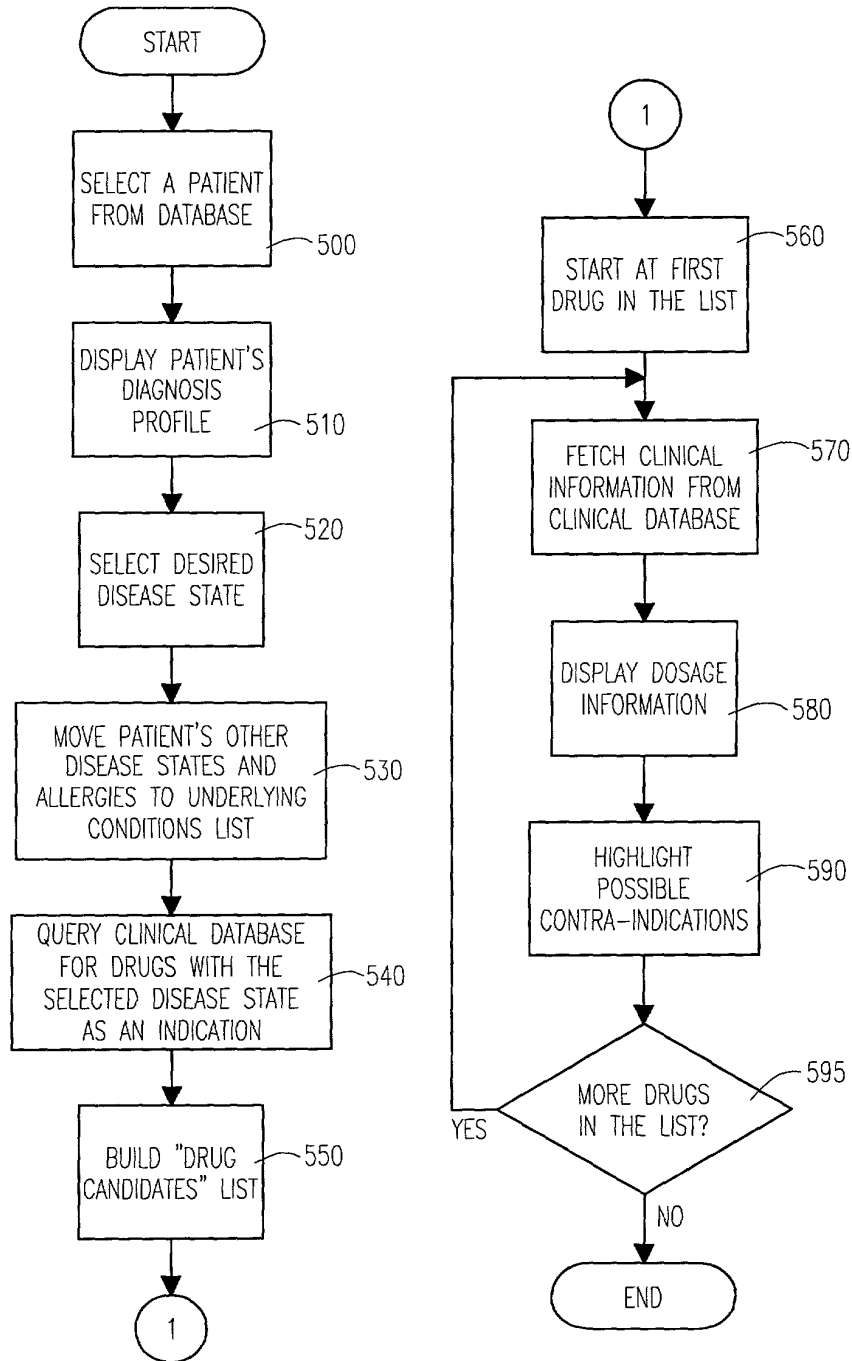


FIG. 5

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DISEASE-BASED QUERY

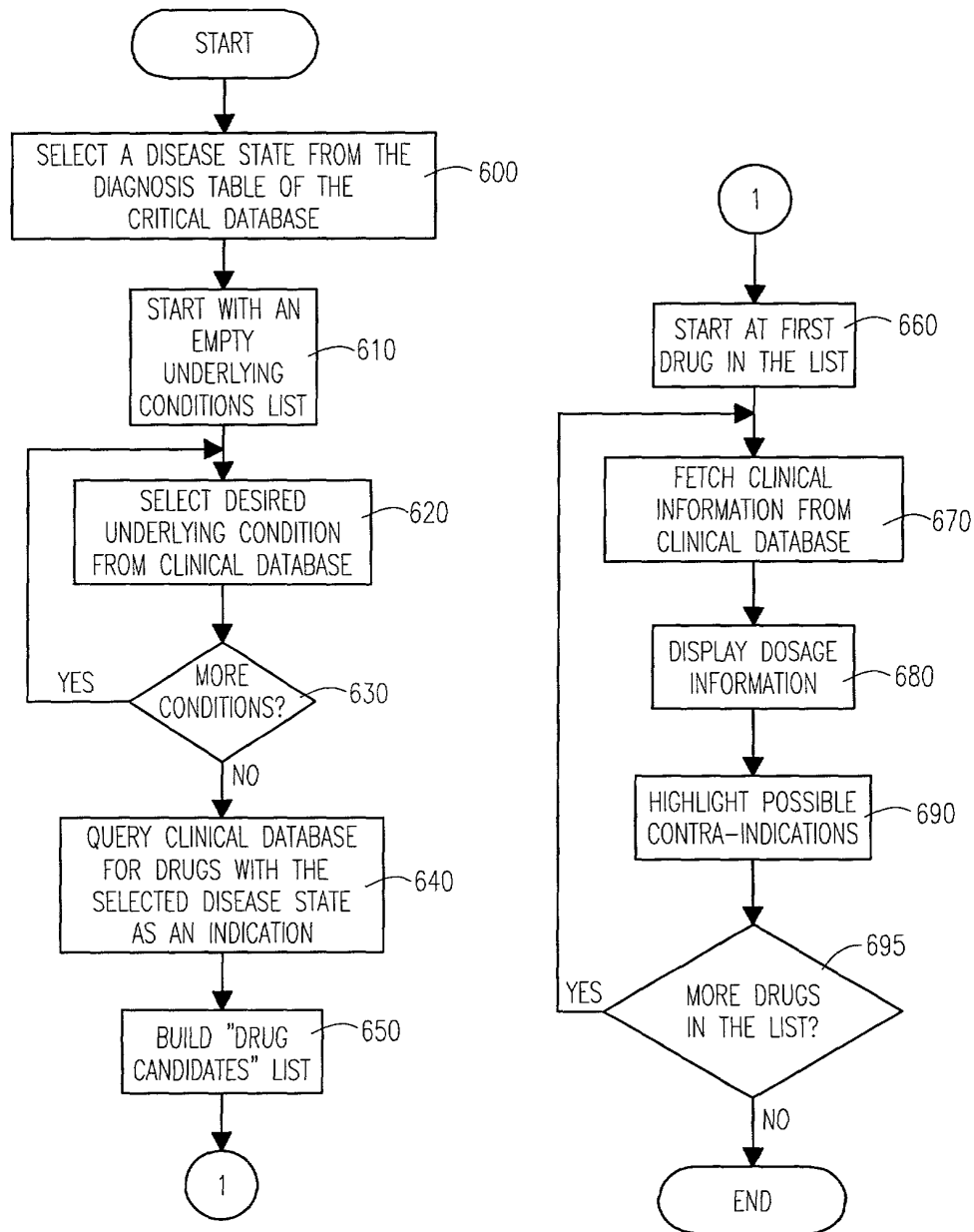


FIG. 6

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DRUG-BASED QUERY

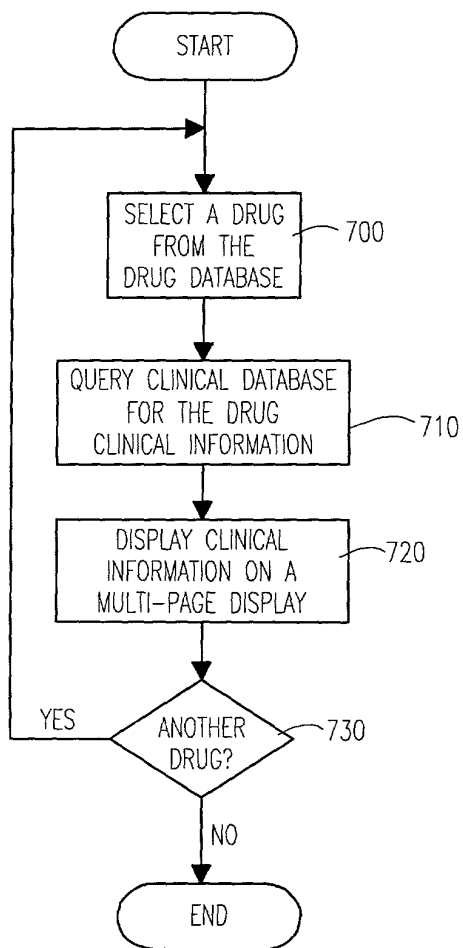


FIG. 7

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DRUG CLASS-BASED QUERY

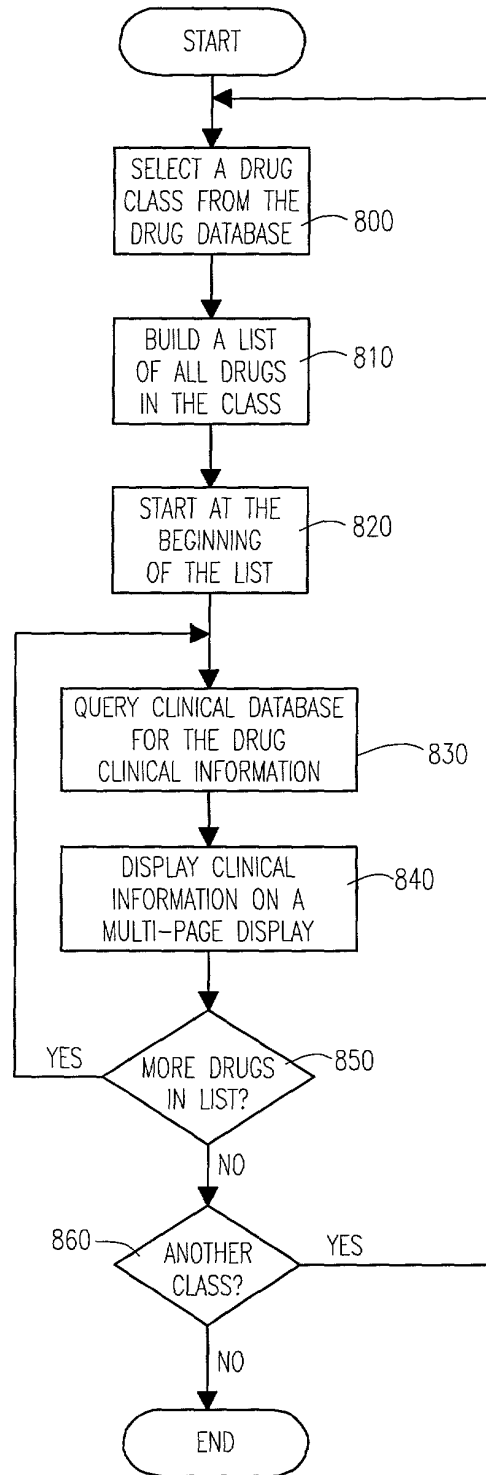


FIG. 8

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ADVERSE REACTION-BASED QUERY

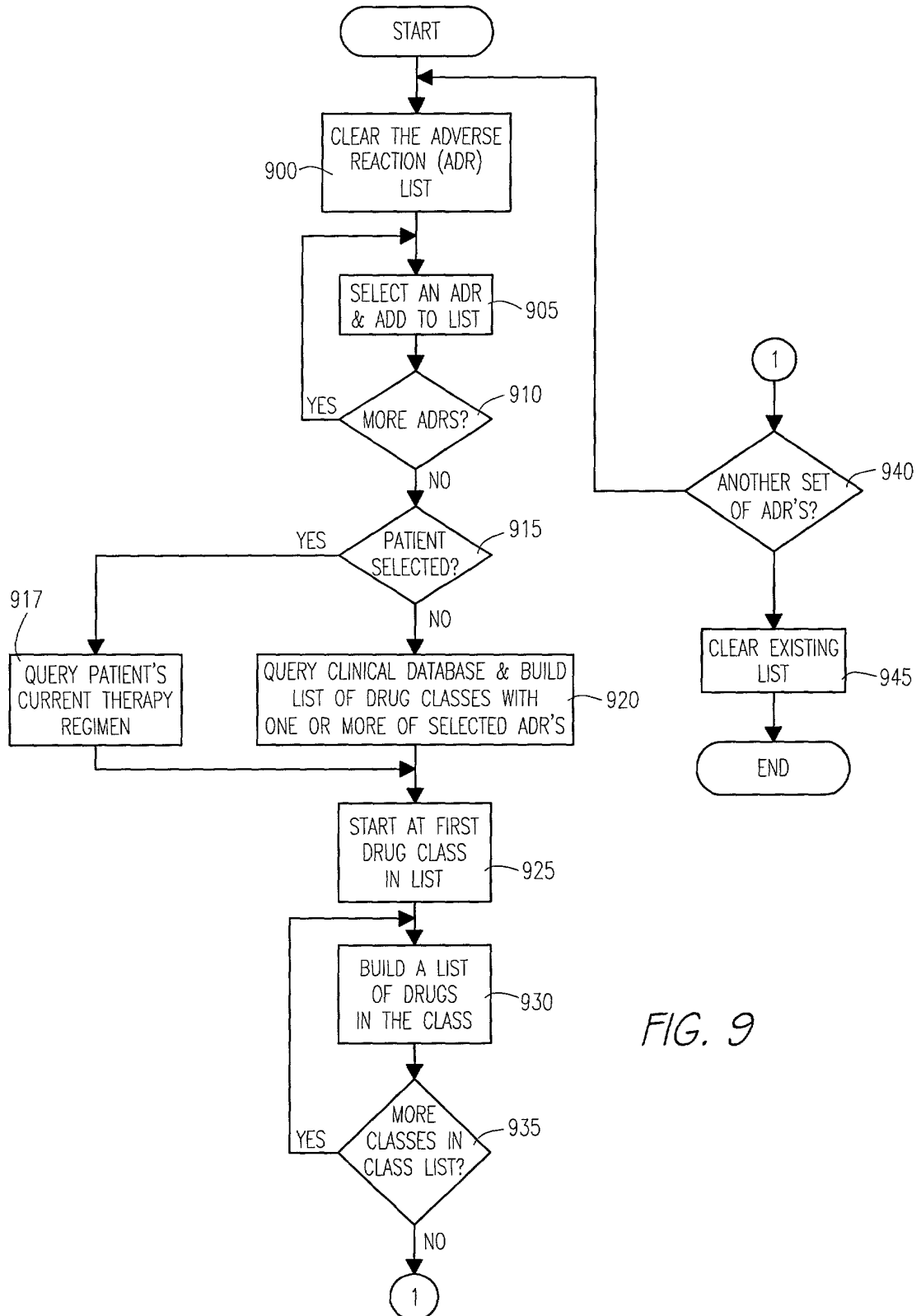


FIG. 9

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PCCF--FORM

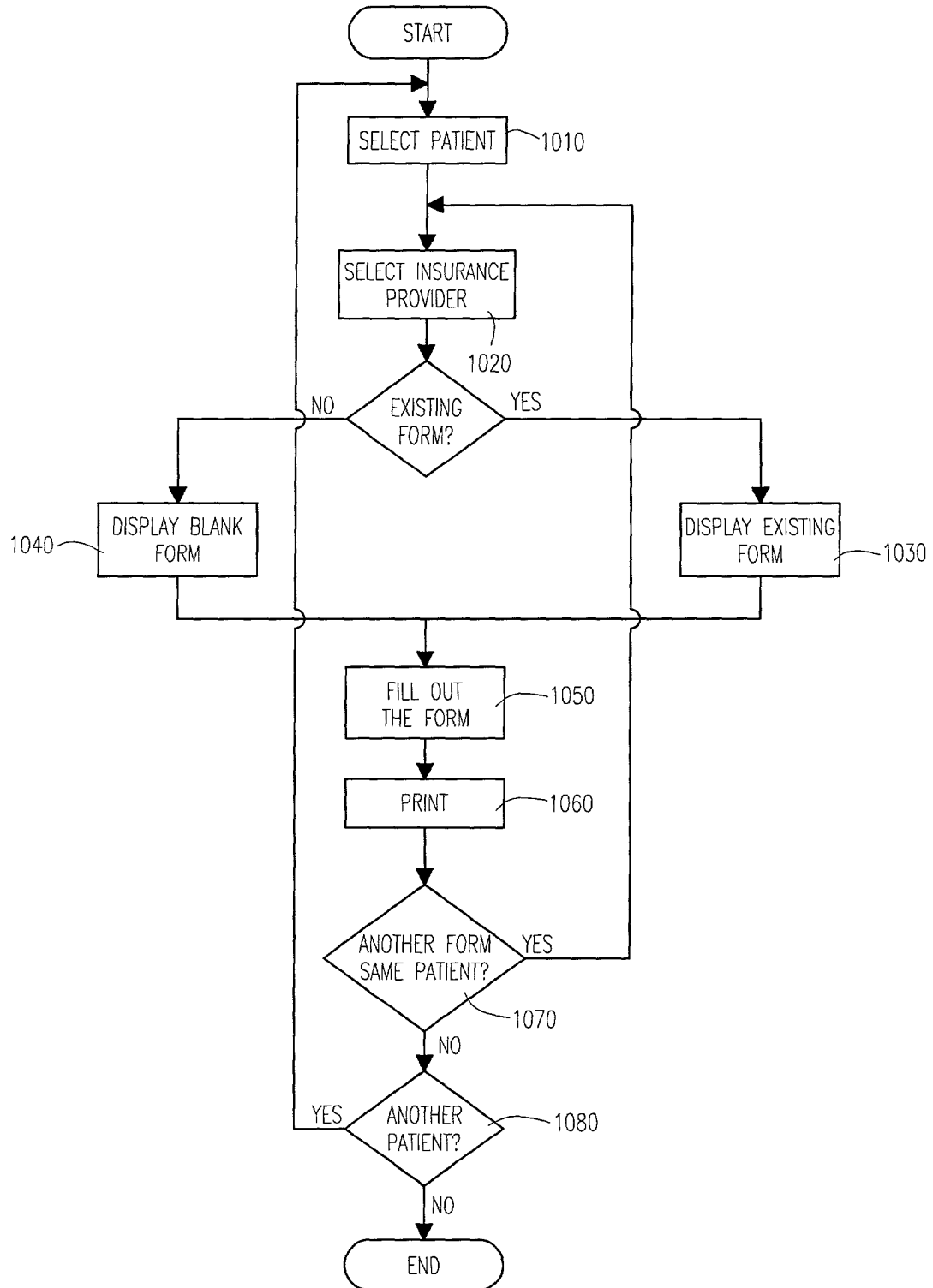


FIG. 10

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HCFA 1500 - FORM

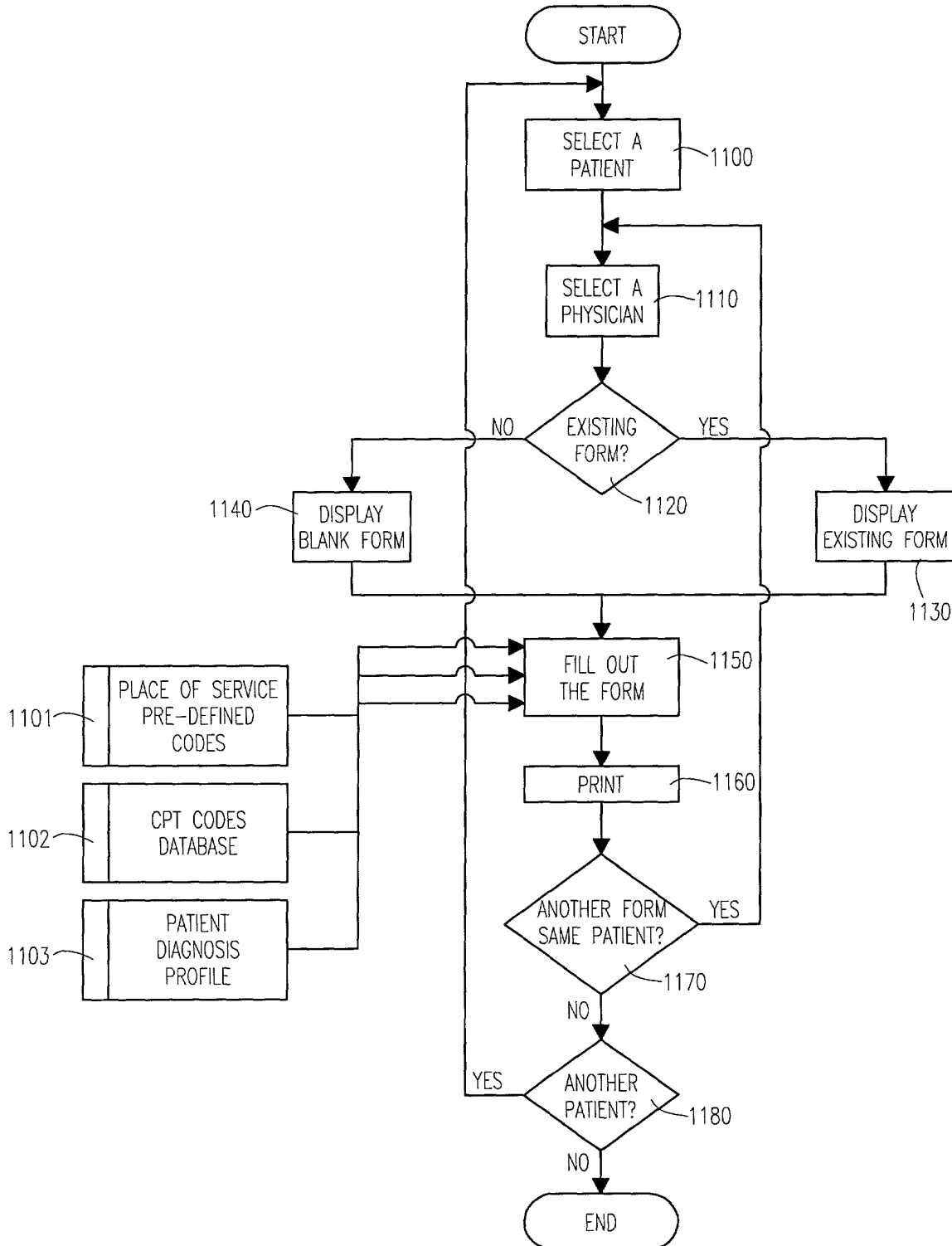


FIG. 11

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HUMANISTIC OUTCOME SURVEYS

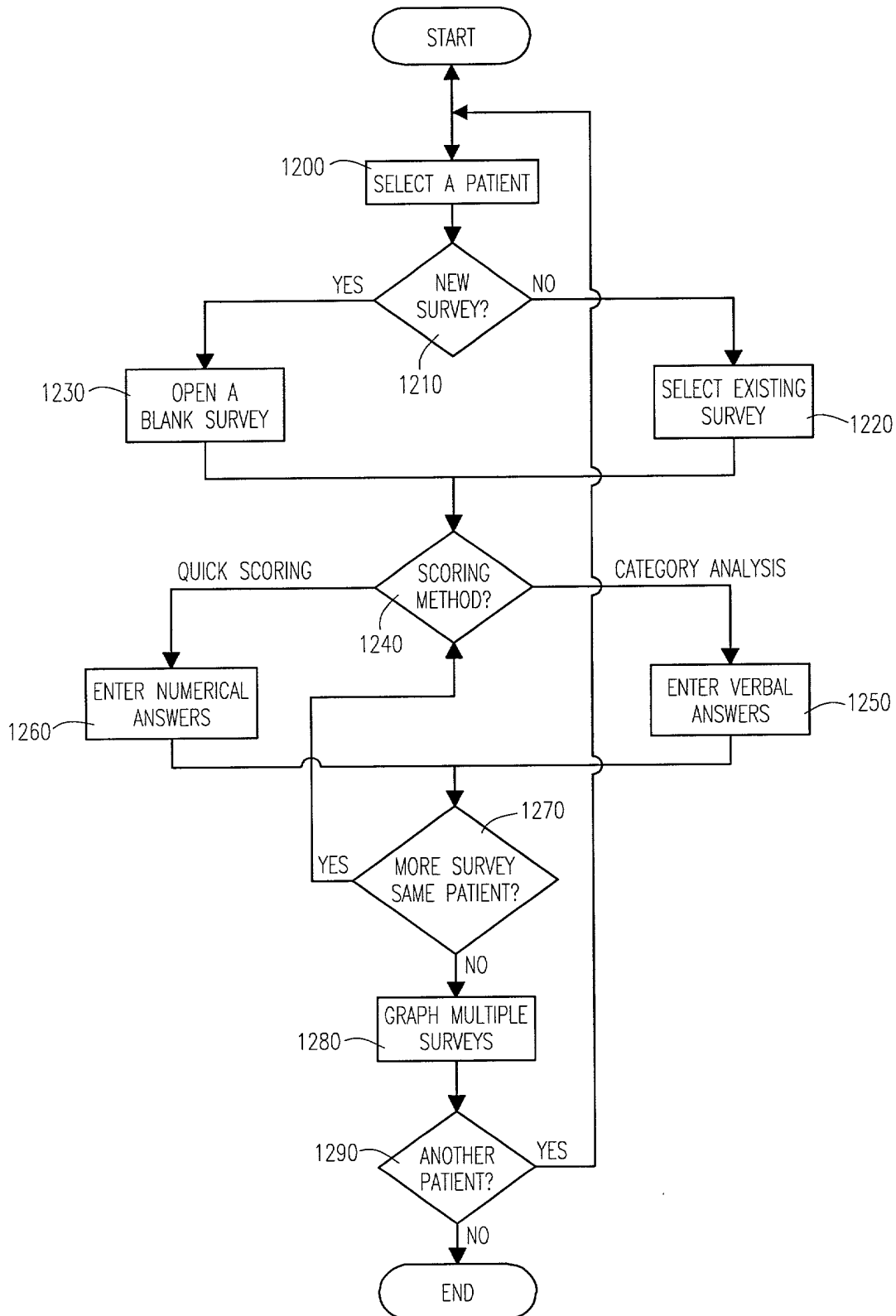


FIG. 12

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PATIENT QUERY PROCESS

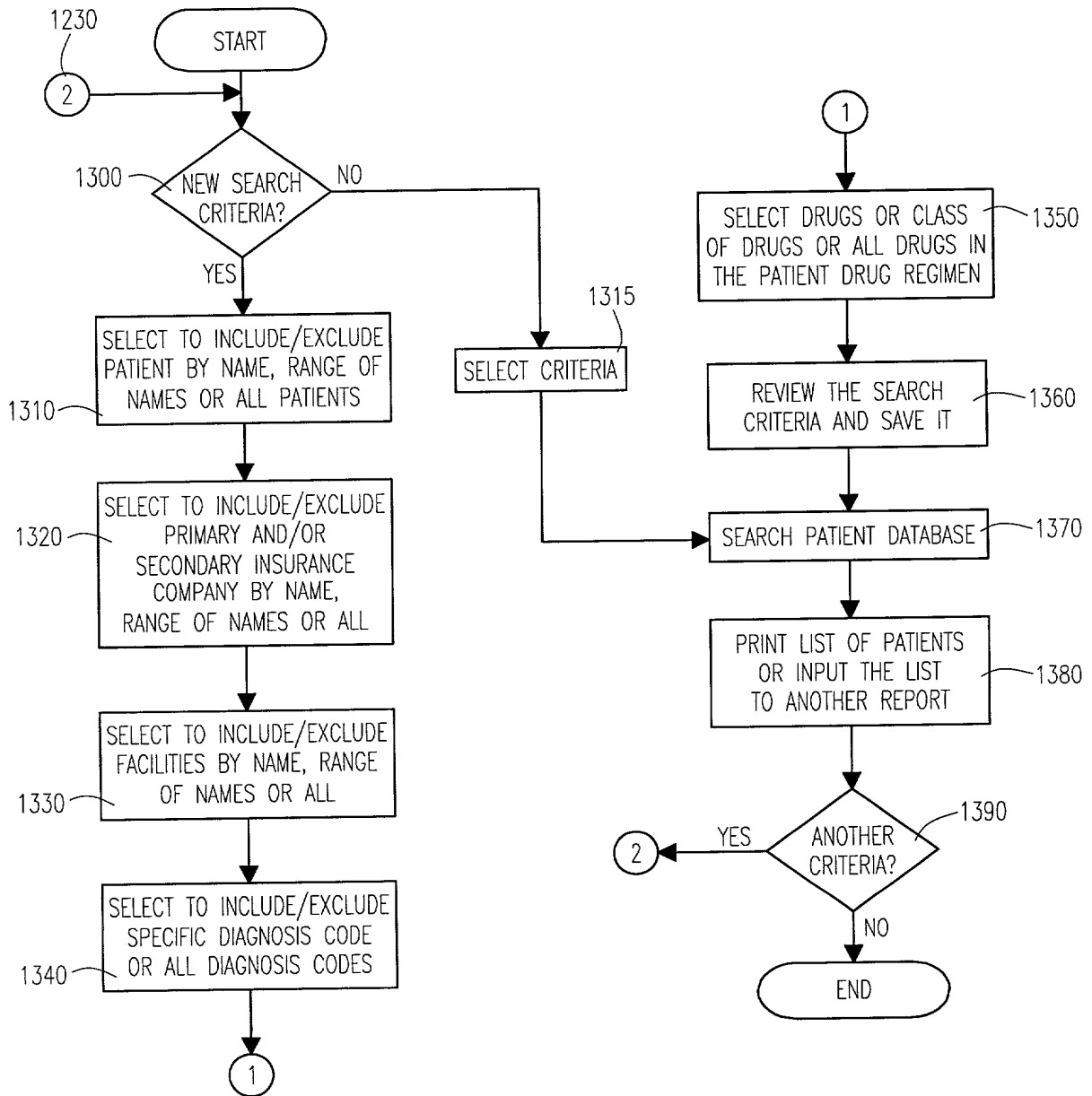


FIG. 13

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DRUG UTILIZATION REPORT

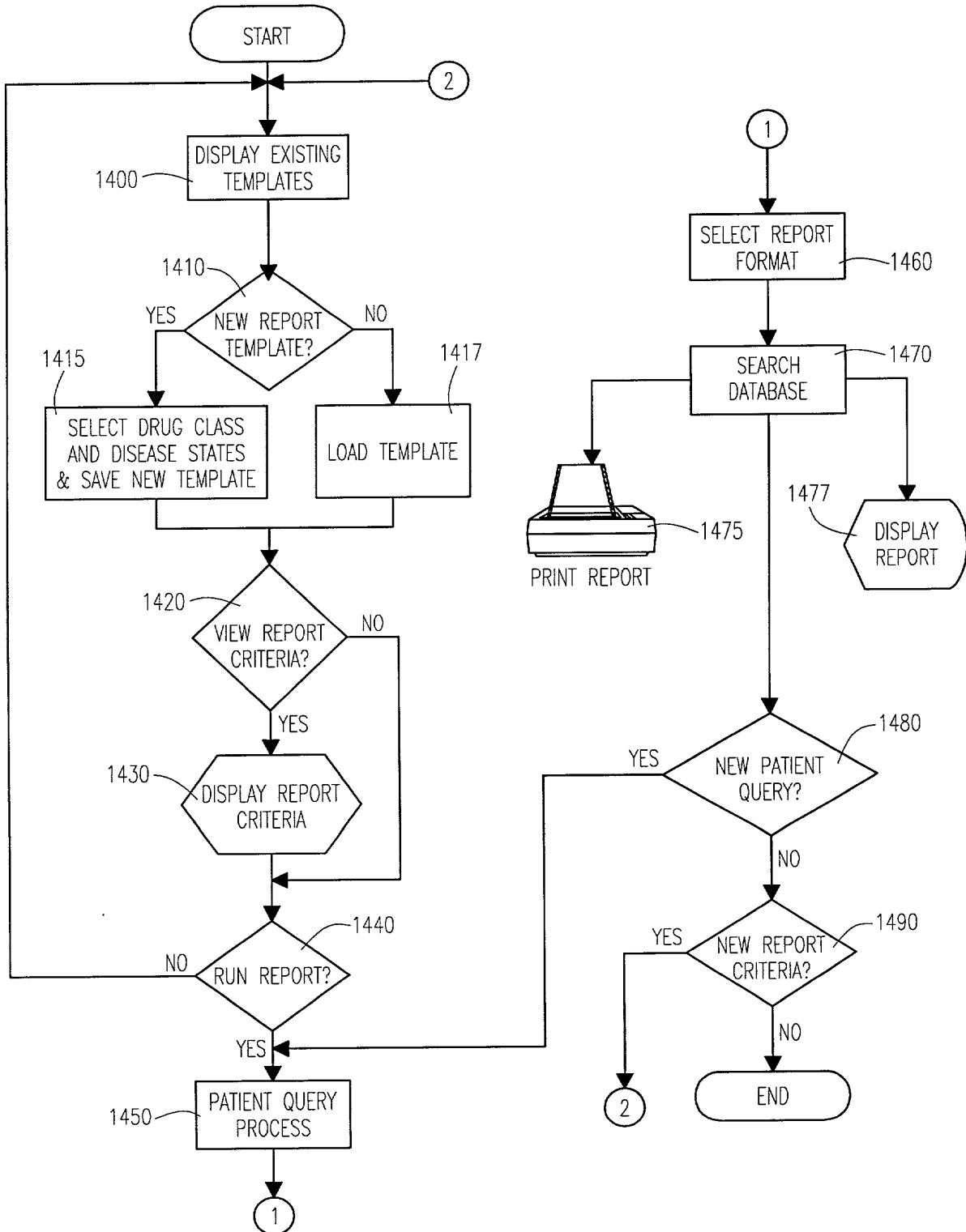


FIG. 14

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THERAPY ASSESSMENT REPORTS

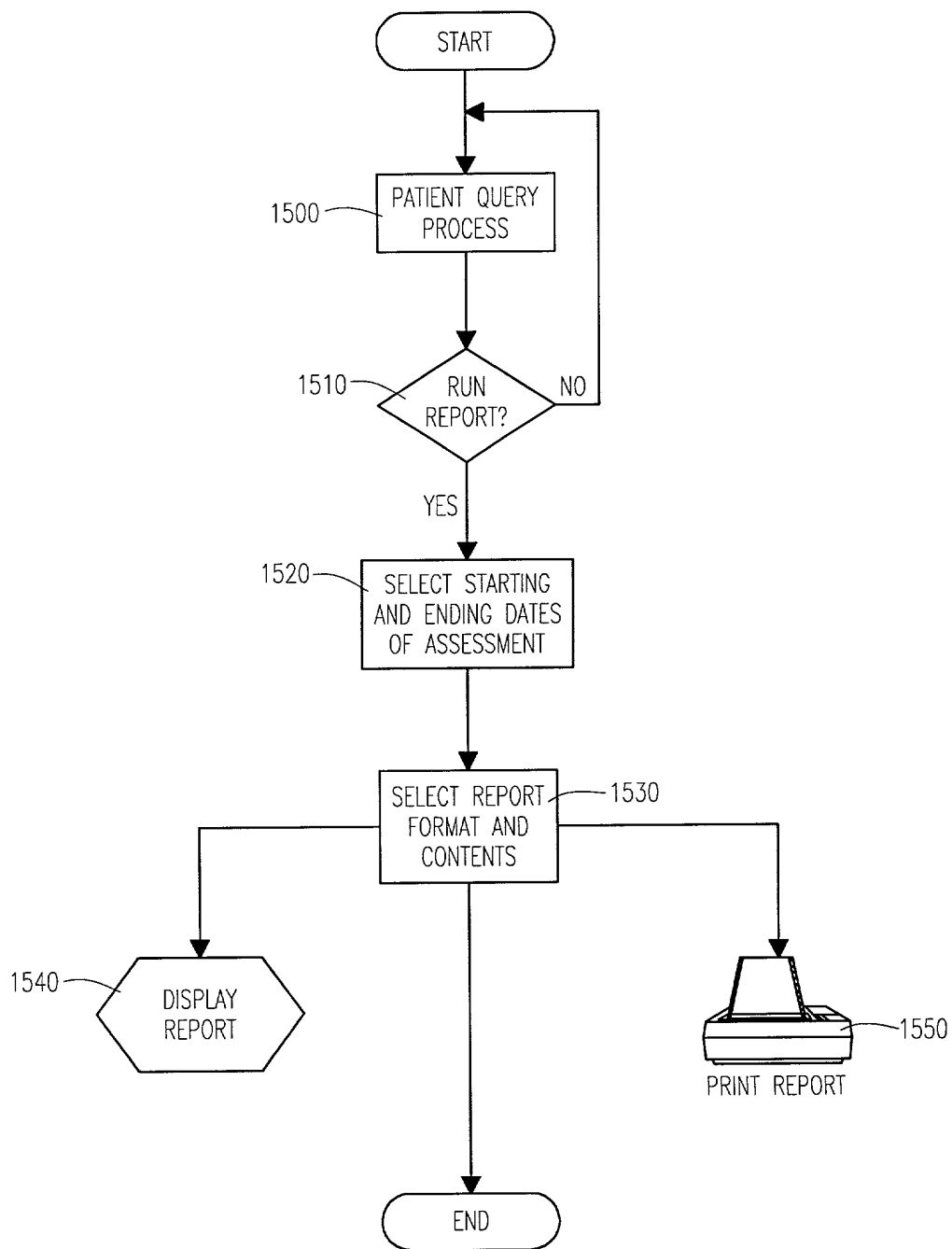


FIG. 15

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CLINICAL OUTCOME REPORT

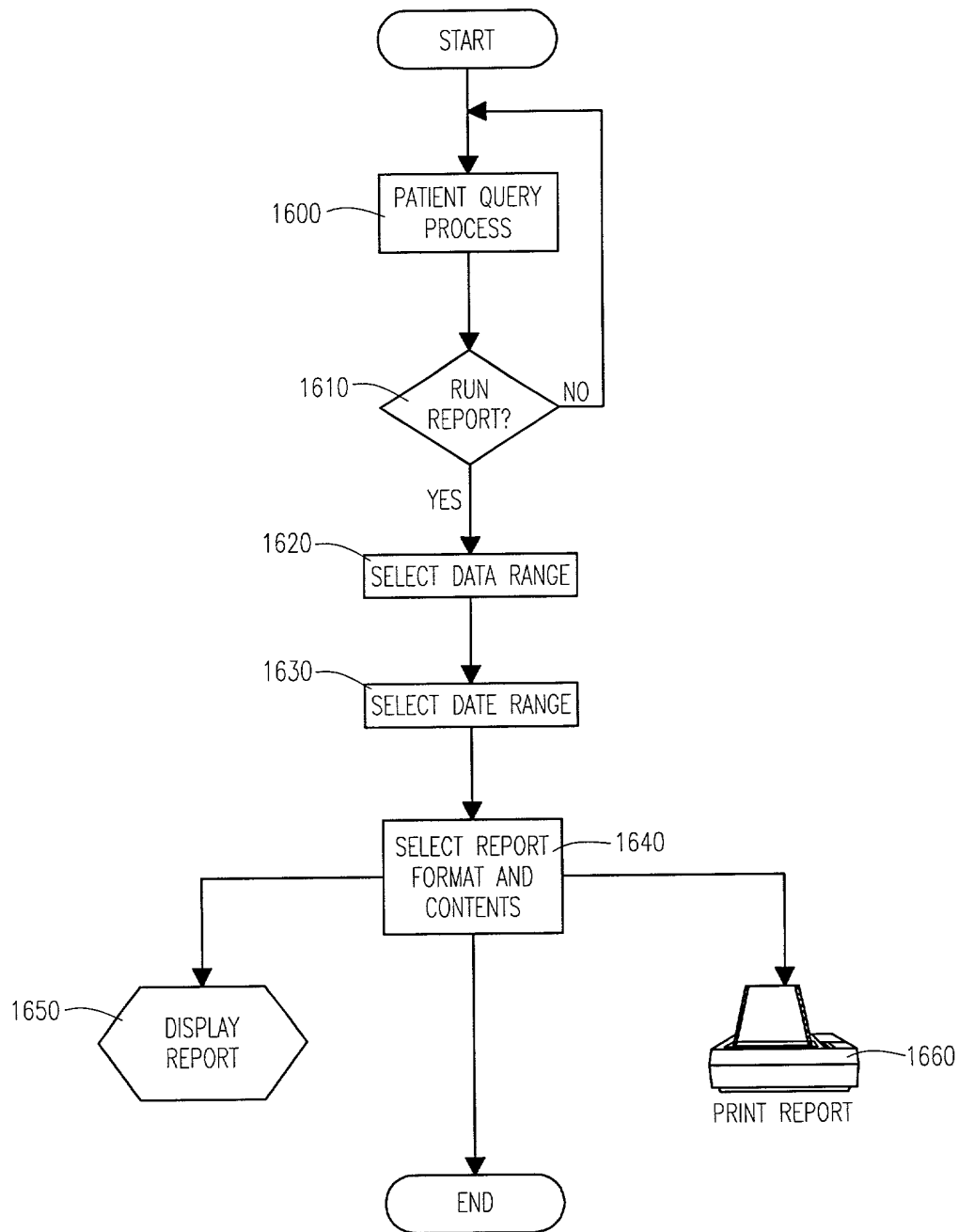


FIG. 16

09/900,278 10/004

18/19

ETREBY COMPUTER COMPANY, INC.
2145 W. LA PALMA AVE.
ANAHEIM, CA 92801
(714)533-1308

DATE PRINTED: 2/10/99

PHARMACIST CARE PLAN

PATIENT: xxxxxxx

PHYSICIAN: xxxxx

PHARMACIST: xxxxx

SERVICE DATE: 2/22/98

DISEASE/TASK: ASTHMA

PROBLEMS/NEEDS:

- 1-WAKING UP AT NIGHT DUE TO SYMPTOMS OF ASTHMA >TWICE A MONTH.
- 2-INCREASED USE OF SHORT ACTING BETA AGONISTS (.QID).
- 3-LONG-TERM OVERUSE OF BETA AGONISTS (>1 CANISTER/MONTH).
- 4-POOR TOLERANCE TO PHYSICAL ACTIVITY.

GOALS:

PREVENT CHRONIC, TROUBLESOME SYMPTOMS (COUGHING OR BREATHLESSNESS).

- 1-MAINTAIN (NEAR) "NORMAL" PULMONARY FUNCTION.
- 2-MAINTAIN NORMAL ACTIVITY LEVELS INCLUDING EXERCISE.
- 3-PREVENT EXACERBATIONS & MINIMIZE THE NEED FOR ER OR HOSPITAL VISITS.
- 4-MEET PATIENT'S EXPECTATIONS OF, & SATISFACTION WITH ASTHMA CARE.

PLAN:

- 1-CONTINUE QUICK-RELIEF MEDICATION (E.G. SA INHALED B2-AGONIST) PRN SYMPTOMS.
- 2-ADD A DAILY INFLAMMATORY (LOW DOSE STEROID, CROMOLYN, OR NEDOCROMIL).
- 3-MONITOR ADHERENCE TO BOTH CLASSES OF MEDICATIONS.
- 4-IMPLEMENT ENVIRONMENTAL CONTROL MEASURES.

MONITORING PARAMETERS:

<i>SYMPTOMS</i>	<i>COUGHING AND WHEEZING</i>	<i>PHYSICAL ACTIVITY LIMITATION</i>	<i>EXACERBATIONS</i>	<i>NOCTURNAL AWAKENING LAST 30 DAYS</i>
	2OR<TIMES/WK	SLIGHTLY LIMITED	MILD	2-4 TIMES
<i>DISEASE ISSUES</i>	<i>TYPE OF ASTHMA</i>	<i>SEVERITY CLASSIFICATION</i>	<i>MISSED SCHOOL/WORK LAST 30 DAYS</i>	<i>E.R. OR HOSPITAL VISITS LAST 30 DAY</i>
	ALLERGIC (EXTRINSIC)	MILD PERS	ONE TIME	NONE
<i>MEASUREMENTS</i>	<i>PEFR(% OF PERSONAL BEST)</i>	<i>PEFR VARIABILITY(%)</i>	<i>FREQUENCY OF QUICK-RELIEF MEDS QID</i>	<i>CANISTERS OF QUICK- QUICK-RELIEF MEDS/MO.</i>
	<OR=80	10-20		>1 BUT <2
<i>ADHERENCE</i>	<i>TO QUICK RELIEF MEDICATIONS</i>	<i>TO ANTIINFLAMMATORY MEDICATIONS</i>	<i>TO LIFESTYLE ISSUES MEDICATIONS</i>	<i>TO ENVIRONMENTAL CONTROL</i>
	FAIR	POOR	GOOD	FAIR

FIG. 17A

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ETREBY COMPUTER COMPANY, INC.
2145 W. LA PALMA AVE.
ANAHEIM, CA 92801
(714)533-1308

DATE PRINTED: 2/10/99

PHARMACIST CARE PLAN

PATIENT: xxxxxxx

PHYSICIAN: xxxxx

PHARMACIST: xxxxx

SERVICE DATE: 2/22/98

DISEASE/TASK: ESSENTIAL HYPERTENSION

PROBLEMS/NEEDS:

- 1-IDENTIFY MAJOR RISK FACTORS.
- 2-DETERMINE PRESENCE OF TOD AN CCD.
- 3-BASED ON BP MEASUREMENTS DETERMINE BP CLASSIFICATION.
- 4-EVALUATE RISK STRATIFICATION AND IDENTIFY "RISK GROUP".
- 5-EXAMINE LIFESTYLE MODIFICATION ISSUES.
- 6-FOLLOW BP TREATMENT ALGORITHM AND INDIVIDUALIZE THERAPY.

GOALS:

- 1-TO REDUCE MORBIDITY AND MORTALITY BY THE LEAST INTRUSIVE MEANS POSSIBLE.
- 2- TO ACHIEVE AND MAINTAIN BP BELOW 140/90.
- 3-TO CONTROL OTHER MODIFIABLE RISK FACTORS FOR CVD.
- 4-TO PREVENT STROKE, PRESERVE RENAL FUNCTION, AND PREVENT OR SLOW HEART FAILURE PROGRESSION.

PLAN:

- 1-IDENTIFY KNOWN CAUSES OF HIGH BLOOD PRESSURE.
- 2-ASSESS THE PRESENCE OF TOD AND CVD, THE EXTENT OF THE DISEASE, AND THE RESPONSE TO THE THERAPY.
- 3-IDENTIFY OTHER CARDIOVASCULAR RISK FACTORS OR CONCOMITANT DISORDERS THAT MAY DEFINE PROGNOSIS AND GUIDE TREATMENT.
- 4-FOLLOW LIFESTYLE MODIFICATION GUIDELINES

MONITORING PARAMETERS:

<i>SYMPTOMS</i>	<i>SMOKING</i>	<i>ALCOHOL INTAKE</i>	<i>DYSLIPIDEMIA</i>	<i>OBESITY</i>
	NO	YES	YES	YES
<i>DISEASE ISSUES</i>	<i>FAMILY HISTORY OF CVD</i>	<i>TARGET ORGAN DAMAGE</i>	<i>CLINICAL CARDIOVASCULAR DISEASE</i>	<i>DIABETES</i>
	YES	NO	NO	YES
<i>MEASUREMENTS</i>	<i>SYSTOLIC BLOOD PRESSURE</i>	<i>DIASTOLIC BLOOD PRESSURE</i>	<i>BLOOD PRESSURE CLASSIFICATION</i>	<i>RISK STRATIFICATION</i>
	160-179	100-109	STAGE 1	RISK GROUP C
<i>ADHERENCE</i>	<i>DRUG THERAPY</i>	<i>DIET</i>	<i>EXERCISE</i>	<i>LIFE-STYLE ISSUES</i>
	FAIR	FAIR	GOOD	POOR

FIG. 17B

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